



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

lincoln.ne.gov



May 29, 2007

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Ambiance Nail Spa, 2755 Jamie Lane #3 requesting a class I liquor license.

James Vuong, owner has stated the requested liquor license is to allow his company to give away to client a free glass of wine or champagne while at his establishment.

Mr. Vuong also requests he be approved as the manager of this liquor license.

Background information on the applicant is as follows:

James Vuong was born Vietnam. He attended school in Vietnam graduating in 1975.

Mr. Vuong became a United States citizen in 2006.

James Vuong employment history is as follows:

| | | |
|----------------|--------------------------|--------------|
| Present | Owner, Ambiance Nail Spa | Lincoln, NE. |
| 2000 - Present | Paralegal. Urana Law | Lincoln, NE. |
| 2005 - 2006 | Owner, Laguna Nail Spa | Lincoln, NE. |

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) Ambiance NAIL SPA

☒ Manager ☒ Owner Other _____

Name: KHAI VOONG - JAMES

US Citizen ? ☒ Yes ☐ No

Has applicant ever been cited for liquor law violations ? ☒ No ☐ Yes
Explain _____

Does applicant have an interest in another liquor license ? ☒ No ☐ Yes
Explain _____

Is spouse qualified to hold a license ? ☒ Yes ☐ No ☐ N/A

How is applicant if not an owner to be paid ? Salary ☐ Hourly ☐

How many hours will applicant be at the establishment ? 60

Any other employment ? No ☐ Yes, explain LAW office

Any previous experience with a liquor license? Yes ☐ No ☒

Any criminal convictions ? No ☐ Yes ☒

Comments See Attached

Is applicant a property owner in Lincoln ? ☒ Yes ☐ No

Is applicant involved in any civil litigation ? ☒ No ☐ Yes

Comments _____

☒ Photo ☒ Records Check ☒ References

Comments _____

Interview Date 5 / 27 / 07

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/

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OFFICE USE ONLY

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CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | Beer, On Sale Only | \$45.00 |
| <input type="checkbox"/> | B | Beer, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input checked="" type="checkbox"/> | I | Beer, Wine & Distilled Spirits, On Sale Only | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- | | | | Bond |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 1,000 min. |
| <input type="checkbox"/> | O | Boat | \$ 95.00 N/A |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits (additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 5,000 |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 5,000 |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 1,000 |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☒ Individual License, requires insert form 1
☐ Partnership License, requires insert form 2
☐ Corporate License, requires insert form 3a and manager application 3b

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: _____ Phone: _____

Firm Name: _____

Firm address: _____

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☒ Yes If yes, please explain below or attach a separate page.
☐ No

ON 1997 I WAS CONVICTED MISDEMEANOR AND
2005 MY CONVICTION HAS BEEN SET ASIDE

Please provide a copy
of the paperwork that
verifies that the conviction

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has been set aside

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes
Current business name and license number _____
☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement.
Please note: This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes
☒ No

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4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☐ Yes _____
☒ No

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12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

JAMES - K VUONG - ANNIE N DUONG
10.00 AM - 7 PM Monday to SAT

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13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

WE DO HAVE WORK AT THE BAR IN VIETNAM
FOR 4 YEARS

training
required

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name which application is being filed.

- ☒ Lease: expiration date
☐ Deed
☐ Purchase Agreement

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15. When do you intend to open for business? 4-20-07

16. What will be the main nature of business? What are the anticipated hours of operation? NAIL SPA

9-30 AM - 7.00 PM

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

| Applicant Name | From: Year | To: Year | City/State |
|----------------|------------|----------|------------|
| JAMES K VUONG | 1997 | 2007 | NE |
| ANNIE N DUONG | 1997 | 2007 | NE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

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APPLICATION FOR LIQUOR LICENSE
INDIVIDUAL INSERT - FORM 1

NEBRASKA LIQUOR CONTROL COMMISSION
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Name of Applicant:

Last Name DUONG

First Name JAMES (KHAI) MI K

Home Address 4200 MASON DR City LINCOLN

Home Telephone Number 402-4769269 Zip Code: 68521

Drivers License Number _____ State _____

Are you married? ☒ Yes ☐ No If yes, complete the following:

Spouses Names (Last, First, Middle)
DUONG ANNIE N

Social Security Number _____ Date of Birth _____

Drivers License Number _____ State _____

**Applicant

Social Security Number: _____

Date of Birth: _____

need
anypics
Info for
Birth Certificate
papers